



Epidemic

Infectious Diseases,

Public Health

and Homeopathy

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An extensive review of the literature on the results obtained by homeopathy during epidemics reveals important findings both about the efficacy and costs of homeopathic treatment. The main findings of this research are:

1. With more than 25,000 volumes, the homeopathic literature is vast and rich in reports about the results obtained during epidemics. Over 9,000 references, including close to 500 books and pamphlets address this topic.
2. Results obtained through the use of homeopathy during epidemics reveals a very important and clear constancy: homeopathy reduces mortality rates. This remains true, regardless of the physician, time, place or type of epidemic disease, including diseases carrying a very high mortality rate, such as cholera, smallpox, diphtheria, typhoid fever, yellow fever and pneumonia.^{358, 359}
3. The low mortality rates associated with homeopathic treatment are consistently superior to the results obtained not only by allopathic medicine practiced at that particular time but, as a rule, by modern conventional allopathic methods as well, despite the many benefits provided by modern nursing and hygienic care.
4. Homeopathic medicines have been successfully used prophylactically to protect large segments of the population providing an effective medical

³⁵⁸ Bradford TL. *The Logic of Figures, or, Comparative Result of Homeopathic and Other Treatments*. Philadelphia: Boericke and Tafel, 1900.

³⁵⁹ Saine A. What do you consider to be the best clinical evidence supporting the efficacy of homeopathy for any indication? https://homeopathy.ca/debates_2013-03-22_SummaryResponseFromAndreSaine.shtml

system with the best therapeutic outcomes during epidemics. Homeopathy is safe, effective and inexpensive and it cannot be explained by the placebo effect.

Pneumonia—Leading Cause of Death in US

Despite the advent of antibiotics, pneumonia remains a major cause of morbidity and mortality even in developed nations. It is currently the leading cause of death from infectious diseases in the United States.³⁶⁰ More than 1.2 million Americans are hospitalized every year due to pneumonia and in 2005, the combination of both pneumonia and influenza cost the U.S. economy \$402 billion and the European economy \$30 billion.^{361, 362}

In the U.S., the age-adjusted annual mortality rate for pneumonia/influenza has been steadily rising over the last few decades. In 1979, it was 11.2 (per 100,000 persons); in 1998, it was 13.2; and in 2011, it had reached 15.7. Pneumonia consistently accounts for the overwhelming majority of these deaths.^{363, 364}

Worldwide, an estimated 1.2 million children under the age of five die every year from pneumonia (more than AIDS, malaria and tuberculosis combined)³⁶⁵ and in developing nations, 1 in 3 children die every year from or associated with acute respiratory tract infections.³⁶⁶

Community acquired pneumonia (CAP) continues to have a high mortality rate of 13.7%, while health care acquired pneumonia (HCAP) is even higher (between 50 and 70%). Average mortality is lowest in ambulatory patients (5.1%), intermediate in hospitalized patients (13.6%), higher in elderly (17.6%), and higher still in those with bacteremia (19.6%), those residing in nursing homes (30.8%) and in intensive care units (36.5%).³⁶⁷

If pneumonia develops as a secondary event in patients already hospitalized for other conditions, the mortality rates can be as high as 50–70%.^{368, 369}

In the U.S. in 2005, there were more than 60,000 deaths due to pneumonia in persons older than 15 years. Admission to an intensive care unit was required in 10 to 20% of patients hospitalized with pneumonia. The 30 day mortality rate for hospitalized CAP patients was as high as 23%. Despite the availability and widespread adherence to recommended allopathic treatment guidelines, CAP continues to present a significant risk in adults. Furthermore, given the aging population in North America and the ubiquitous increasing microbial resistance to antibiotic drugs, allopathic clinicians expect to encounter increasing difficulty in treating adult patients with CAP.³⁷⁰

The table (below) compares mortality data of patients with pneumonia derived from mixed populations receiving both ambulatory and hospitalized care both in both Europe and the United States. Records show that out of 148,345 pre-antibiotic allopathy patients (PAA) there were

³⁶⁰ Pneumonia Fact Sheet. American Lung Association. October 2003. <https://www.lung-health-and-diseases/lung-disease-lookup/pneumonia/>

³⁶¹ Centers for Disease Control. MMWR Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2007; 56 (July): 1–54. <https://www.cdc.gov/mmwr/preview/mmwrhtml.rr5606a1.htm>

³⁶² Welte T, Torres A, Nathwani D. Clinical and economic burden of community-acquired pneumonia among adults in Europe. *Thorax* 2012; 67 (1): 71–79. <https://thorax.bmj.com/content/67/1/71.long>

³⁶³ Murphy SL. Deaths: Final data for 1998. *National Vital Statistics Reports* 2000; 48 (11): 25. [https://www.cdc.gov/nchs/data/nvsr/nvsr48/nvs48_11/pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr48/nvs48_11.pdf)

³⁶⁴ Hoyert DL, Jiaquan Xu. Deaths: preliminary data for 2011. *National Vital Statistics Reports* 2012; 61 (6): 28. https://www.cdc.gov/nchs/data/nvsr/nvsr61_06.pdf

³⁶⁵ Pneumonia. WHO April 2013; Fact sheet N331. https://www.cd.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf

³⁶⁶ Gareene M, Ronsmans C, Campbell H. The Magnitude of mortality from acute respiratory infections in children under 5 years in developing

countries. *World Health Statistics Quarterly* 1992; 45 (2–3): 180–191. <https://www.ncbi.nlm.nih.gov/pubmed/1462653>

³⁶⁷ Fine MJ, et al. Prognosis and outcomes of patients with community-acquired pneumonia. A meta-analysis. *JAMA* 1996; 275: 134–141. <http://jamanetwork.com/journals/jama/article-abstract/393952>

³⁶⁸ https://www.who.int/pmnch/media/press_materials/fs/fs_mdg4_childmortality/en/

³⁶⁹ <https://tinyurl.com/UCDAVISpneumonia>

³⁷⁰ File TM, Marrie TJ. Burden of community-acquired pneumonia in North American adults. *Postgraduate Medicine* 2010; 122: 130–41. <https://www.ncbi.nlm.nih.gov/pubmed/20203464>

with pre-antibiotic allopathy (PAA) there were 36,073 deaths resulting in an average mortality rate of 24.3%.

36,073 deaths, resulting in a mortality rate of 24.3%..^{371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384}

The mortality for data patients with pneumonia treated with homeopathic medicine (also derived from a mixed population of both ambulatory and hospitalized patients during the same time period

and in the same parts of the world) demonstrates that out of 25,208 treated cases there were 865 deaths, resulting in a mortality rate of 3.4%, (7 times less than under PAA).^{385, 386, 387, 388, 389, 390, 391, 392, 393}

Finally, the mortality data of community-acquired pneumonia (CAP) patients receiving contemporary (allopathic) conventional care (CCC), which made full use of advances in nursing, IV-hydration, nutrition and oxygenation (none of which were available to the previous two sets of patients- PAA and homeopathy) demonstrated that out of 33,148 patients with CAP there were 4,541 deaths resulting in a mortality rate of 13.7%³⁹⁴

³⁷¹ Routh CH. The Fallacies of Homeopathy. London, 1852. https://archive.org/stream/b22334610/b22334610_djvu.txt

³⁷² Dewey WA. Editorials. Pneumonia and its treatment. Medical Century 1912; 19: 250-253. <https://babel.hathitrust.org/cgi/pt?id=mdp.39015076633901;view=1up;seq=264>

³⁷³ de Bonneval H. Considerations sur l'homeopathie. (Bordeaux: Imprimerie Adrien Bousin, 1881), 19-22. <https://babel.hathitrust.org/cgi/pt?id=mdp.39015020136555;view=1up;seq=9>

³⁷⁴ Kruger-Hansen. Ueber dos Heilverfahren bei Pneumonien. Medicinischer Argos 1842; 4: 341-361. <https://play.google.com/books/reader?id=CBYNKzLcBvcC&hl=en&pg=GBS.PA341>

³⁷⁵ Greenwood J, Candy RH. The fatality of fractures of the lower extremity and of lobar pneumonia of hospital mortality rates, 1751- 1901. Journal of the Royal Statistical Society 1911; 74: 363-405. https://www.jstor.org/stable/2340401?seq=1#page_scan_tab_contents

³⁷⁶ Osler W. The mortality of pneumonia. University Medical Magazine 1888; 1:77-82. <https://play.google.com/books/reader?id=EF4sAAAAYAAJ&hl=en&pg=GBS.PA77>

³⁷⁷ Dickson SH. Essay on Pneumonia. In Studies in Pathology and Therapeutics. New York: William Hood & Co., 1867. <https://archive.org/details/studiesinpatholooodick/page/110>

³⁷⁸ Sturges O, Coupland S. The Natural History and Relations of Pneumonia. 2nd Edition. London: Smith, Elder & Co., 1890. <https://babel.hathitrust.org/cgi/pt?id=nnc2.ark:/13960/t2q53cn2r;view=1up;seq=7size=125>

³⁷⁹ Osler W. The Principles and Practice of Medicine. 8th ed. New York and London: D. Appleton and Company, 1912. <https://archive.org/stream/principlesandpro40slegoog?ref=ol#page/n6/mode/2up>

³⁸⁰ Barber JP. Pneumonia in children. Homoeopathic Journal of Pediatrics 1907; 2: 24-26.

³⁸¹ Holt LE. The Diseases of Infancy and Childhood. 5. edition. New York: D. Appleton and Company, 1909: 556, 577. <https://play.google.com/books/reader?id=RR71cBPh-F4C&hl=en&pg=GBS.PR1>

³⁸² Cecil RL, Baldwin HS, Larsen NP. Lobar pneumonia: A clinical and bacteriological study of two thousands typed cases. Archives of Internal Medicine 1927; 40: 253-280. <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/535490>

³⁸³ In the statistics of the London Hospital, cases from broncho-pneumonia have been excluded, which tend to have a higher mortality rate particularly in young children. Osler said, "Primary acute broncho-pneumonia, like lobar form, attacks children in good health, usually under two years.... The death rate in children under five has been variously estimated at from 30 to 50 percent." (Osler W. The Principles and Practice of Medicine. New York: D. Appleton and Company, 1912, 102, 106.) <https://tinyurl.com/WOslerPrinandPract>

³⁸⁴ Holt LE. The Diseases of Infancy and Childhood. New York: D. Appleton and Company, 1909: 556, 577. <https://play.google.com/books/reader?id=RR71cBPh-F4C&hl=en&pg=GBS.PR1>

³⁸⁵ Saine A. The Weight of Evidence. The Extraordinary Success of Homeopathy in Times of Epidemics. In preparation. http://www.homeopathy.ca/publications_det02.shtml

³⁸⁶ de Bonneval H. Considerations sur l'homeopathie.. (Bordeaux: Imprimerie Adrien Bousin, 1881), 19-22. <https://babel.hathitrust.org/cgi/pt?id=mdp.39015020136555;view=1up;seq=9>

³⁸⁷ Bodman CO. Pneumonia in children; illustrated by fifty consecutive cares treated at the New Orphan Houses, Bristol, without mortality. Journal of the British Homeopathic Society 1910; 18: 213-244. <https://babel.hathitrust.org/cgi/pt?id=mdp.39015062238202;view=1up;seq=261>

³⁸⁸ Dewey WA. Editorials. Pneumonia and its treatment. Medical Century 1912; 19: 250-253. <https://babel.hathitrustarekaifit?imdp.39015076633901;view=luarme0=264>

³⁸⁹ del Mar IL Thirty s© of pneumonia. Homosopathician 1914; 4: 53-54.

³⁹⁰ Wells GH. A study of the comparative value of the homeopathic treatment and other methods of treatment in lobar pneumonia. Journal of the American Institute of Homeopathy 1922-1923; 15: 541-550. <https://olay.monle.conillsookstreaderlid=dtIVAOAIAA78/11=en8trismGBS.PA541>

³⁹¹ Fiske ER. A survey otter statistics of the homeopathic ..lent of lobar pneumonia. Journal of the American Institute of Homeopathy 1928; 21: 886-993 Intortrchive araidetails/loociffoouresoroobradMaae/164.

³⁹² Pulford A, Dayton Pulford. Homoeopathic Idadem in Pneumonia. (Published by the authors: Dayton, Ohio, 1928), 5. [hop: sssss.spssldsst.s.p 417577392](https://olay.monle.conillsookstreaderlid=dtIVAOAIAA78/11=en8trismGBS.PA541)

³⁹³ Foubistr DM. Homeopathy in the treatment of pneumonia and acute bronchitis. British Homeopathy Journal 1956; 45: 65-71. <https://www.sciencedirect.com/science/article/ii/S0007078556800331>

³⁹⁴ Fine MJ, et al. Prognosis and outcomes of patients with community-acquired pneumonia. A meta-analysis. JAMA 1996; 275-134-141. <https://jamanetwork.com/journals/jama/article-abstract/393952>

Mortality rates from conventional versus homeopathic treatment:

Treatment	Number of patients	Number of recoveries	Survival rate	Number of deaths	Mortality rate
PAA	148,345	112,272	75.7	36,073	24.3
CCC	33,148	28,607	86.3	4,541	13.7
Homeopathy	25,208	24,343	96.6	865	3.4

This data clearly indicates that there are distinct therapeutic advantages of utilizing homeopathic medicine in the treatment of pneumonia both in and outside of the hospital setting.



Epidemic Diphtheria-Hospital Data on Benefits of Homeopathy

An illustrative example of the remarkable benefits of homeopathy on mortality is the epidemic of malignant diphtheria that occurred in Philadelphia, Pennsylvania between 1859-1860. (Other reports following outbreaks of Yellow Fever, cholera,

measles and other epidemic diseases demonstrate similar results).

On June 7, 1860, Constantine Hering, MD reported at the annual meeting of the American Institute of Homeopathy the results he and Drs. Lippe had obtained during this epidemic of malignant diphtheria:

“The epidemic diphtheria commenced in Philadelphia, December last, and increased slowly in number and violence during the following three months and I have not seen any more during the last six weeks... I have had during this time about 50 to 60 cases with marked symptoms of diphtheria, in one case, I succeeded in obtaining the membrane for microscopic examination, which I add herewith. I had about the same number of light cases. All recovered within seven days, except a very few of so-called scrofulous diathesis, which required more time. The time it took to effect a cure, I consider one of the most important items in statistics tables, as I remember that since I have learned to give the doses higher, the duration of acute cases has been shortened... Dr. Lippe has had about a number of cases, and as far as I recollect, has given nearly the same medicines in the same potencies with success. Dr. Reichhelm had had 6 or 8 weeks ago, about 80 cases, has given the 30th potency and lost none”³⁹⁵

Hering went on to confirm:

“these were genuine cases of fully developed diphtheria, treated by us, and does not include the multitude of sore throats which we treated, and which lacked the characteristics of diphtheria”³⁹⁶

Meanwhile during the same time period, conventional allopathic physicians noted mortality rates increasing until 1864 when the epidemic finally ceased.³⁹⁷ The combined mortality from diphtheria, scarlet fever and croup under

³⁹⁵ Hering C. Reports on cases of diphtheria. Transactions of the American Institute of Homeopathy 1860. 159-160.

³⁹⁶ Wells PP. Diphtheria and bacteria. Homoeopathic Physician 1881; 1: 249-250.

³⁹⁷ Appendix. Journal of the Select Council of the City of Philadelphia, from July 1, 1876, to January 1, 1877. Philadelphia: E.C. Markley & Son. 1877: 643.

conventional allopathic care increased annually until reaching 50%.³⁹⁸

In 1881, esteemed physician P.P. Wells of Brooklyn, New York referenced the results of this epidemic: “This is proved in the history of an epidemic of uncommon severity which prevailed in a neighboring city a few years ago. The fatal cases under allopathic treatment were more than fifty percent, of all so treated; while under the average of homeopathic, so called, the loss was but sixteen per cent; and in the same epidemic three (homeopathic) physicians treated over two hundred and forty cases (actually over 300 cases of which half were of the malignant type) without a single death. When told of this successful practice, the result seemed so extraordinary as to be incredible”.³⁹⁹

Reports from this particular epidemic in Philadelphia are also found in the Transactions of the College of Physicians of Philadelphia for the years 1859, 1860 and 1861 and confirm the malignant character and timing described above.⁴⁰⁰ Because of “close resemblance” between diphtheria and other serious diseases affecting the upper respiratory tract, namely membranous croup and scarlet fever, the epidemic was not immediately recognized. In 1861, the College sanitarian finally confirmed that the epidemic was indeed malignant diphtheria.⁴⁰¹

As for the outcome of conventional treatment of these cases of epidemic malignant diphtheria, aside from the 50% mortality rate which was reported, the College sanitarian added, “this formidable enemy, which, as yet, particularly in its malignant type has resisted, in a majority of instances, the most watchful and judicious treatment”.⁴⁰² Similar observations were made elsewhere in the allopathic

literature: “severe cases often perish in spite of anything that may be done to relieve them”⁴⁰³

Homeopathic Prophylaxis- Disease prevention

Homeopathic medicines given to large segments of the population serve as protective agents prior to or in the midst of epidemic outbreaks. A good example is the 1974-75 meningococcal meningitis epidemic in Brazil that affected 250,000 individuals, killing more than 11,000 and injuring 75,000 with permanent brain damage and disability. Epidemics of *Neisseria meningitidis* are uncommon, but because this microorganism spread easily in overcrowded living conditions, it claimed large numbers of victims. In children treated without antibiotics the mortality rate can exceed 80%.

During this epidemic, in the city of Guaratinguetá (Sao Paulo state, population 78,000) 18,000 children received one drop of the homeopathic medicine “meningococcinum A and C” orally as prophylaxis. Within the first three months only 5 of the homeopathically treated children contracted meningitis compared with 10 in the control group of 6,364. The calculated treatment failure rate was 0.021% in the homeopathic group compared with 0.15% in the untreated group (Odds ratio of contracting meningitis was seven times greater in the control group, $P = 0.0009$). This highly significant difference meant that in a population of 100,000, the morbidity rate would have fallen from 15,000 to 2,100, a highly significant reduction.⁴⁰⁴

Homeoprophylaxis is free of side effects, while conventional vaccination, which introduces microbial toxins and other known and unknown biological and non-biological contaminants such as mercury, aluminium or other very toxic preservatives and agents directly into the bloodstream, produces both short and long-term consequences. While few scientists seem to be interested in investigating side-effects, they produce local adverse reactions in 3% of infants,

³⁹⁸ Jewell W. Report on meteorology and epidemics for 1859. Summary of the Transactions of the College of Physicians of Philadelphia. 1863; 3 (ns) 426, 434.

³⁹⁹ Op Cit, Wells PP.

⁴⁰⁰ Jewell W. Report on meteorology and epidemics for 1859. Summary of the Transactions of the College of Physicians of Philadelphia. 1863; 3 (ns) 326, 327

⁴⁰¹ Jewell W. Report on meteorology and epidemics for 1859. Summary of the Transactions of the College of Physicians of Philadelphia. 1863; 3 (ns) 426

⁴⁰² Jewell W. Report on meteorology and epidemics for 1859. Summary of the Transactions of the College of Physicians of Philadelphia. 1863; 3 (ns) 327

⁴⁰³ Jacobi A. On diphtheria and diphtheritic affections. American Medical Times 1860; 1: 93-98, 112-116. <https://tinyurl.com/JacobiDiphtheria>

⁴⁰⁴ David Castro, Jorge W. Galvao Nogueira. Profilaxis de la meningitis con meningococcinum. Homeopathia 1974; 41 (5): 6-11

and fever in 37% following with the meningococcal group C vaccine.⁴⁰⁵

A second example of homeoprophylaxis took place in the state of Uttar Pradesh, India in 1991 against Japanese encephalitis (J.E.), which has a mortality rate of 30% and has produced recurrent epidemics in India since 1970. Between 1987 to 1989 (out of 16,871 cases) there were 5,172 deaths. In 1991, a single dose of the homeopathic medicine “Belladonna 200 C” was administered prophylactically to 322,812 people in 96 villages in three districts. Follow-up indicated that there were no cases of illness in the sampled population⁴⁰⁶. In Andhra Pradesh, another Indian state, a program of three different homeopathic medicines was administered over several determining that:

“After its commencement in 1999 the mortality and morbidity rates of J.E. fell drastically. 343 cases were reported in 2000 with 72 deaths, in 2001 only 30 cases with 4 deaths, in 2002 only 18 cases but no deaths, in 2003 and 2004 no cases recorded”.⁴⁰⁷

A third example of homeoprophylaxis took place in Cuba in 2007 during an epidemic of leptospirosis, a zoonotic disease of major importance in the tropics. Symptoms caused by leptospirosis infection are extremely variable and potentially dangerous. They include meningitis, pneumonitis, hepatitis, nephritis, mastitis, myocarditis, hemorrhagic crisis and multi-organ failure, with a reported mortality varying between 4 - 50%.

In the midst of an epidemic occurring in 2007, two doses of homeopathic medicine were administered orally to 2.1 million persons (88% of those living in

three high-risk provinces). Twelve months later, the schedule was completed by another administration of two more oral doses to 2.3 million persons (96% of the population).

Investigators found a significant reduction (84%) of the disease incidence in the provinces receiving homeopathic intervention, while incidence of leptospirosis rose in those provinces not receiving intervention (by 22%) despite the significantly higher risk of contracting the disease in the intervention regions.

The cost of homeoprophylaxis was found to be 98% less than the cost of conventional vaccination even though the world's only commercially available vaccine against Leptospirosis is manufactured in Cuba.⁴⁰⁸

In conclusion, homeopathy offers safe, cost-effective and clinically viable alternatives to conventional medicine for the prevention and treatment of patients with infectious diseases. Homeopathy is poised to play a major role in the public health system of the United States. Further investigation is definitely warranted and long overdue.

About the Author

Andre Saine, ND is a graduate of the National College of Naturopathic Medicine and is board-certified in homeopathy by the Homeopathic Academy of Naturopathic Physicians (HANP). He is a world-renowned teacher and lecturer and is considered one of the world's foremost experts on the subject of homeopathy.

⁴⁰⁵ Rennels MB, et al. Safety and immunogenicity of four doses of Neisseria meningitidis group C vaccine conjugated to CRM197 in United States infants. *Pediatric Infectious Disease Journal* 2001; 20 (2): 153-9.
<https://www.ncbi.nlm.nih.gov/pubmed/11224833>
https://journals.lww.com/Didi/Abstract/2001/02000/Safety_and_immunogenicity_of_four_doses_of.7.aspx

⁴⁰⁶ Rastogi DP, Sharma VD. Study of homoeopathic drugs in encephalitis epidemic (1991) in Uttar Pradesh (India). *Central Council for Research Quarterly Bulletin* 1992; 14: 1-11.
<http://www.firh.org/temOndianiResHomoeoDathv92123-4866046133100.pdf>

⁴⁰⁷ Manchanda, R. K. (ad.). Acute Encephalitis Syndrome/JE Homeopathic Perspective. Retrieved January 25, 2019, from <https://healthindiachronicle.in/acute-encephalitis-syndromeie-homoeopathic-oersoeactive-dr-rai-k-manchanda-dg-cerh/>

⁴⁰⁸ Brack G, et al. Large-scale application of highly-diluted bacteria for Leptospirosis epidemic control. *Homeopathy* 2010; 99: 156-166.
<https://www.ncbi.nlm.nih.gov/pubmed/20674839>